FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | (See instr | _ | Office use only |
|-----------------------------------|--|---|---|
| NAME OF COMMITTEE (in | (Check if nam is changed) | e Example: If typying, type over the lines | 12FE4M5 |
| Frnst & Young | g Political Action Committee | | |
| | | | |
| ADDDEOO | 1225 Connecțicu | t Avenue, N.W. | |
| ADDRESS (number and | street) | | |
| (Check if addr is changed) | Washington | | DC 20036 _ |
| | | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MA | | | |
| katnryn.tomin | ovich@ey.com | | |
| | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | |
| | | | |
| | | | |
| COMMITTEE'S FAX N 202-327-8863 | NUMBER | | |
| 2. DATE 0.1 | 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C C00227744 | |
| 4. IS THIS STATEM | MENT NEW (N) C | AMENDED (A) | |
| I certify that I have exam | ined this Statement and to the best of m | y knowledge and belief it is true, correct | and complete |
| Type or Print Name of | Treasurer Kathryn Sab | atini | |
| Signature of Treasure | Electronically Filed by Kathry | yn Sabatini | Date 01 / 10 / 2007 |
| NOTE: Submission of fa | • | n may subject the person signing this S | atement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS |
| Office Use Only | | For further information Federal Election Comm Toll Free 800-424-953 | ission FEC FORM 1 |

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|---------------------------------|---|-----------------------------------|--|--|--|
| 5. | TYPE OF COMMITTEE (Check One) | | | | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.) | ndidate | | | |
| | Name of Candidate | | | | |
| | Candidate Office House Senate President | State | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| | Name of Candidate | | | | |
| | (d) This committee is a (National, State (or subordinate) committee of the Rep | nocratic, ublican,etc.) Party. | | | |
| | (e) This committee is a separate segregated fund | | | | |
| | (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. | d or party | | | |
| 6. | Name of Any Connected Organization or Affiliated Committee | | | | |
| | | | | | |
| L | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | CITY▲ STATE▲ Z | IP CODE A | | | |
| | Relationship | | | | |
| Type of Connected Organization: | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | n | | | |
| | Membership Organization Trade Association Cooperative | | | | |
| | | | | | |

| Write or Type Committee Name | | | Page 3 | | | | | |
|---|--|-----------------|---------------|--|--|--|--|--|
| | | | | | | | | |
| Ernst & Young Political Action | n Committee | | | | | | | |
| | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. | | | | | | | |
| Full Name Kathryn Tomi | novich | | | | | | | |
| Mailing Address | 1225 Connecticut Ave, NW | | | | | | | |
| <u> </u> | Washington | DC | 20036 | | | | | |
| Title or Position ▼ | CITY A | STATE▲ | ZIP CODE A | | | | | |
| Political Director | | elephone number | 327 7584 | | | | | |
| Full Name of Treasurer Mailing Address Kathryn Saba | 621 East Pratt Street | | | | | | | |
| | | | | | | | | |
| | Baltimore | MD | 21202 _ | | | | | |
| Title or Position ♥ | Baltimore CITY A | MD | 21202 | | | | | |
| Title or Position ♥ Accountant | CITY A | | | | | | | |
| · | CITY A | STATE A | ZIP CODE ▲ | | | | | |
| Accountant Full Name of Designated | CITY A | STATE A | ZIP CODE ▲ | | | | | |
| Accountant Full Name of Designated Agent | CITY A | STATE A | ZIP CODE ▲ | | | | | |

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|----|--|------------------------|----------|--|
| 9. | Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | |
| | Mailing Address | SunTrust PO Box 622227 | | |
| | Maining / tadiooc | | | |
| | | Orlando FL 3286 | 2 _ 2227 | |

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷